

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER		49	11/12/00
FORMALITY REVIEW	D.B	65373	01-02-00
RESPONSE FORMALITY REVIEW	Cg	641065	3-14-01

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	Original
1 ✓	04/15/01
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here